

13. MEDICAL CARE FOR VULNERABLE POPULATIONS IN WICHITA/SEDGWICK COUNTY

Defining the Medically Vulnerable Populations of Wichita/Sedgwick County

We can estimate the medically vulnerable populations of Wichita/Sedgwick County at least two different ways. First, we will consider the medically uninsured population. Secondly, we will consider families with incomes less than \$10,000/year.

Among the 420,000 residents of Sedgwick County, the 1990 U.S. Census estimates that 11.4% are 65 years old or greater, leaving a non-elderly population of 372,120. Almost all elderly (95%+) are covered by Medicare. Among the non-elderly population, 13.7% of adults have no health insurance at any one time. Assuming the rate in children is the same (but could be lower), that means that about 51,000 County residents are without health insurance at any one time. Probably, another 11.2% (42,000) are covered by Medicaid. If the age distribution of these 51,000 people without health insurance is the same as the general population, then almost 14,000 are below age 15.

Using household income to estimate medically vulnerable populations, we know that 13.6% of these household units receive less than \$10,000 per year (1990 Census data). National poverty standards place the slightly lower 10.9% of the population in that category. For the sake of estimation, we will assume that all households are the same size and composition (although poor households usually have more children). That means that 57,120 County residents are in households that make less than \$10,000 per year. Once again, 11.4% of this group is 65 or older, leaving about 51,000 County residents as medically vulnerable according to income.

Characteristics of the Uninsured

Tables 1 through 4 summarize some relevant characteristics of four populations. Related data for vulnerable populations in Sedgwick County can be found elsewhere in this report.

1. The continuously uninsured;
2. The periodically uninsured;
3. Medicaid recipients; and
4. The non-Medicaid insured.

Table 1 shows age and income distribution. Among the continuously uninsured, 42.1% have incomes greater than \$20,000/year. For the periodically uninsured, Medicaid and the non-Medicaid insured, the percentages are 68.7%, 33.4%, and 92%. As might be expected, educational attainment was less among the uninsured. However, 50% of the uninsured completed more than high school compared to only 60% among the insured.

Table 2 highlights the fact that 82% of the uninsured are employed or are housewives. This figure is not much different from the 89.2% employment in the non-Medicaid insured group. Not surprisingly, 41% of Medicaid recipients (>18 yrs) reached on our phone survey were unemployed.

Among all groups, 54-77% of County residents use private M.D.s for their health care regardless of insurance status (Table 3). Eleven percent (11%) to 27% use special public clinics for their health care. The highest percentage use (27.3%) for these clinics is among Medicaid recipients.

Table 4 illustrates the percentage of persons who felt they could not obtain needed health care because of the high cost. From 15-50% of the uninsured could not obtain various services because of various high cost barriers. More detailed discussion of this issue can be found in this report under the section discussing Vulnerable Populations. As planned, Medicaid recipients did better except for dental care, which is not covered. As expected, other insured residents had few financial barriers to care.

TABLE 1.

AGE AND INCOME DISTRIBUTION OF THE UNINSURED OF SEDGWICK COUNTY						
	18-29 <20K	18-29 >20K	30-44 <20K	30-44 >20K	45-64 <20K	45-64 >20K
Continuously Uninsured	1 5.8%	1 5.8%	2 6.3%	1 0.5%	1 5.8%	1 5.8%
Uninsured for Some Part of 12 Months	1 3.3%	1 6.9%	1 0.8%	3 4.9%	7. 2%	1 6.9%
Medicaid	2 7.8%	5. 6%	1 6.7%	1 6.7%	2 2.2%	1 1.1%
Insured Other Than Medicaid	3. 3%	1 5.3%	2. 3%	4 0.6%	2. 5%	3 6.1%

TABLE 2.

EMPLOYMENT STATUS AMONG THE UNINSURED OF SEDGWICK COUNTY				
	Employed or Housewife	Retired	Disabled	Unemployed or Seeking Job
Continuously Uninsured	82.6%	0.0%	2.2%	15.2%
Uninsured for Some Part of 12 Months	82.1%	5.1%	5.1%	7.7%
Medicaid	40.9%	13.6%	31.8%	13.6%
Insured Other Than Medicaid	89.2%	5.5%	3.1%	2.2%

TABLE 3.

USUAL SOURCE OF HEALTH CARE AMONG THE UNINSURED OR MEDICAID PATIENTS					
	NO SPECIAL PLACE	PRIVATE M.D.	INDIGENT CLINIC HOSPITAL CLINIC HEALTH DEPT.	E.R.	OTHER
Continuously Uninsured	23.9%	54.3%	15.2%	0	6.5%
Uninsured for Some Part of 12 Months	6.8%	71.8%	13.7%	0	7.7%
Medicaid	4.5%	63.6%	27.3%	4.5%	0
Non-Medicaid Insured	5.5%	77.4%	11.2%	1.6%	4.3%

TABLE 4.

PEOPLE FOR WHOM COST OF HEALTH CARE PREVENTED THEM FROM OBTAINING DENTAL CARE, EMERGENCY ROOM CARE, MEDICATIONS, OR OTHER HEALTH CARE DURING THE PRECEDING 12 MONTHS				
	PREVENTED E.R. CARE	PREVENTED DENTAL CARE	PREVENTED MEDICATIONS	PREVENTED OTHER HEALTH CARE
Continuously Uninsured	25.0%	51.2%	39.5%	46.5%
Uninsured For Some Part of 12 Months	14.8%	27.6%	20.7%	26.5%
Medicaid	13.6%	60.0%	14.3%	14.3%
Insured Other Than Medicaid	2.8%	8.3%	5.1%	5.2%

Resources and Facilities for Medical Care for Vulnerable Populations

Medically vulnerable populations, many without health insurance, have several choices for care, depending on their circumstances. Eight clinics in Sedgwick County and one visiting nurse service see predominantly vulnerable residents. Some clinics provide dental services. The Health Department and the Mental Health Service provide much care. Wichita is also blessed with many post-graduate medical training programs.

All of these programs run clinics that see large numbers of medically indigent cases. Residency program in family medicine, pediatrics, internal medicine, and OB/GYN see numerous patients. Wichita also has a residency program for doctors of osteopathy, based at Riverside Hospital. Many private physicians also see patients with limited or no resources.

The attached tables or summary sheets provide an overview of health care services available to indigent populations. Among the indigent clinics and health department there are almost 9 FTE physicians and 14 nurse clinicians or physician assistants. Their estimated current capacity is over 60,000 visits per year. Dental resources and mental health resources are summarized.

TABLE 1. SUMMARY OF CLINIC SERVICES AVAILABLE TO MEDICALLY UNDERSERVED POPULATIONS IN WICHITA/SEDGWICK COUNTY

CLINIC	MD	PA/ARNP		No Ins.		Medicaid	Medicare	HMO
Brookside	.35 FTE		4,800	100%				
EC Tyree	.15 FTE		978	85-90%			10-15%	
Good Samaritan	1.2 FTE		3,600	70%	*****30%***** *			
Guadalupe	.375 FTE		5,500	100%				
HCC	.1 FTE	1 FTE	2,500	50%	20%	30%		
Hunter	2.4 FTE	2.5 FTE	10,500	56%	2.50%	34%	5%	2.50%
UMUM	2.0 FTE	1 FTE	12,000	65%	*****35%***** *			
VH Nurses			1,316	100%				
WPC	1.6 FTE	2 FTE	13,500	43%	7%	37%	8%	5%
TOTAL	8.2 FTE	6.5 FTE	54,694					
Medical Service:								
Health Dept.	.4 FTE	7 FTE	9,425					
Dental Service:		Dentist	Hygienist	Dental Assist.				
HCC		1 FTE	1 FTE					
Hunter		.2 FTE	1 FTE	1.2 FTE				
UMUM		1 FTE		1 FTE				
Health Dept.		.3 FTE	1.5 FTE	1 FTE				
Mental Health	Clinical Social Worker (LCSW/RMLP)		Case Mgr Counselor	M.D.	Ph.D.	LMSW	Social Worker	ANRP
Comcare	24.5 FTE		66 FTE	5 FTE	2 FTE	7 FTE	18 FTE	4 FTE
HCC	1 FTE							
Hunter	1 FTE		3 FTE					
UMUM	1 FTE							
WPC	1 FTE							
Health Dept.			2 FTE					

COMPOSITE OF RESIDENCY CLINICS SERVING MEDICALLY UNDERSERVED POPULATIONS

Clinic hours mostly 8 a.m. to 5 p.m. One offers early evening hours, until 7 p.m.

Services: Family Practice, Pediatrics, OB/GYN, Internal Medicine, assorted specialties (Orthopedics, Endocrine, Liver, Pulmonary, Cardiology, Infectious Disease, Surgery, Maternal-Fetal, Gyn-Oncology).

Providers:

Physicians:	133 residents; 26+ faculty (range of 3 to 10 residents per clinic session or half-day).
PA:	1
ARNP:	5
RN:	12
LPN:	7+
Medical Assistants:	15
X-ray Tech:	3
Lab:	1 MT; 5 Lab Tech or MLT
Others:	Clinical Social Worker; Psychologists; Medical Records; Use Dietitians; Nurse Educators; Translators; others from hospitals as needed.

Volume of service: 400-470 patients seen per day; “no shows” a problem at several clinics.

Insurance status:

No insurance:	12-20%
HMO:	number increasing due to changes in local 3rd party payment system
Medicaid:	17-60%
Medicare:	2-36%
Private Insurance:	varies, up to 31%

Barriers to care:

- Financial
- Lack of child care
- Lack of transportation
- Language (interpreters used when notified ahead of time)
- Low literacy - results in problems with patient education
- Lack of 3rd party coverage
- Lack of knowledge that services are available
- Different values (do not obtain early intervention)
- Location - clinic not located where services are needed, or some clients do not like to drive to location

Opinions regarding adequacy of services to the indigent: (6 people surveyed at 5 clinics)
5 stated there were enough clinics (1 stipulated for primary care, not specialties), problem was people knowing how to use the services appropriately, or the services not located where the population who uses them are.

1 stated there is not enough because of the number of referrals they make to Hunter, UMUM, WPCC.

Opinions regarding expansion of services:

Limited space, need for new building biggest inhibitor to offering more services (mentioned by 3 of the 6 interviewed); one indicated services could be increased if there were more providers.

Among the residency clinics (and not all were reviewed), Wichita has at least 133 residents and 26+ faculty available for clinic duty at any one time. Their estimated capacity is 100,000 to 115,000 visits per year. Most residents, of course, only have clinic once or twice per week. Detailed information on each clinic is contained in the Appendix.

A random sample of physicians in Wichita/Sedgwick County were surveyed about their care of various types of patients. Forty-two percent (42%) saw Medicaid patients and 13.2% saw no-pay or charity patients. Given that Sedgwick County has 750 physicians, that means almost 100 of them see no-pay patients.

The multiple hospitals in Wichita spend millions of dollars on indigent health care. They subsidize the care with their many more millions of dollars in profits. These hospitals provide the full range of services, both in-patient and out-patient, as well as laboratory and X-ray. Wichita does not have a public hospital like some large communities.

In addition to providers and hospitals, Wichita/Sedgwick County has 334 organizations, agencies, or programs that provide health services, many of them available to individuals with limited resources. A summary of these resources is contained in our Resource Guide Book. It is generally agreed that these organizations or agencies are not well coordinated. Many valuable services are not reaching potential clients in need.

Illegal immigrants

A major problem of unknown magnitude is the number of illegal immigrants in Wichita. Four point three percent (4.3%) of our County population is Hispanic. That gives a figure of 17,000-20,000 presumed legal Hispanic residents. Unconfirmed estimates of twice that number of illegal residents have been made. Since most of these people have poor access to health care, it would be helpful to know the magnitude of the problem.

Need for More Medical Care Services for Vulnerable Populations

Each of the clinics for the medically underserved and the residency clinics were surveyed to determine the need for additional clinics. The vast majority of people surveyed did **not** feel more clinics were needed. Many were not working to capacity and most were willing to expand services if needed. Furthermore, most people prefer to see private physicians and, in fact, do so. Many private physicians do see non-pay patients and work out payment plans.

Both the uninsured and Medicaid patients have not had access to needed health care services because of lack of funds. Perhaps services were available that patients did not know about. Whether additional services would reduce this problem is unknown. What we observe, however, is that these residents want the same choices for health care as everyone else in the community. Therefore, we feel the best approach to improving health care access is to provide basic, no-frills health insurance for all citizens so they can make their own purchasing decisions. Currently, they frequently are not using special clinics designed for them. Our first priority should be children. Surely, our society feels as strongly about children as it does about our senior citizens (although children do not vote!). We could do what the State of Tennessee has done by expanding Medicaid to all citizens without health insurance.

Most importantly, the U.S. is one of the only, if not the only, developed country in the world that does not assure health care access to all its citizens. A priority health policy issue is to expand basic health care services to all Americans.